

# STATE OF NEW HAMPSHIRE

#### 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 2 5 2019

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobi	byist(s) George W.	Roussos and Lindsay E.	Nadeau	——————————————————————————————————————
11. Name of lobi	byist's partnership,	firm or corporation, if	any:	
Orr & Reno	. P.A.			
	(Name of partnership,	firm or corporation)		
45 S. Main S	Street, PO Box 3550	Concord	NH	03302-3550
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
(603)224-2	381	(603) 224-2318	e-mail Inadea	au@orr-reno.com
(Teleph	one)	(Fa	x)	
reportable expe	nse transactions wh	ch are not attributable		u may file a separate report for to the following client:
				<b>C</b>
AmeriHe	alth Caritas (Full Name of (	lient as it appears on the L	obbyist Registration Form)	
<u>OR</u>	(1 dil 1 dille oi v	snem as it appears on the i	obby ist registration vol,	
		obbyist (including the lo	bbyist's family), or the lobb	bying firm listed below which are
IV. Date of Rep	ort April 24, 201	9 🕅	July 31, 2019	]
Reports cover:	activity from date of r		activity from 4/1/19 to 6/3	
	October 30, 2 activity from 7/1		January 29, 2020 activity from 10/1/19 to 1	12/31/19
	cked, complete just th		te transactions made sin the Secretary of State's Offi	ce the last report.   Ce, State House, Room 204,
VI. Check if add	ditional reports are	nttached:		
	<del>-</del>		file Addendum A- Fees ar	nd Expenses
•	paid an honorarium o			- Report of Honorariums or
☑ If you, your	firm, or your family l	nas made political contri	butions, you must file Adde	endum C- Political Contributions
I have read RSA	nt/Affirmation by Lo 15, RSA 15-B, RSA the best of my knowl	14-C and RSA 664 and	hereby swear or affirm that	the foregoing information is true
UM	mm_	<del></del>	04/24/19	
(Signature of to	bbyist)			(Date)
Lindsay E. Na	deau			
(Print Name of				

# P E E T

## STATE OF NEW HAMPSHIRE

### **Lobbyists Fees and Expenses** Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) George W. Roussos and Lindsay E. Nadeau		
II. Name of lobbyist's partnership, firm or corporation, if any:		
Orr & Reno, P.A.  (Name of partnership, firm or corporation)		
(Name of partnership, firm of corporation)		
III. Name of Client AmeriHealth Caritas	Date0	4/24/19
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or p	public relations services
a) Total of all fees received in this reporting period	a) \$	27,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ ear)	0.00
c) Total of all fees received to date	\ <b>m</b>	
(Add lines a and b)	c) 2	27,000.00_
<ul> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) <b>\$</b>	9,000.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if exmay be filed for aggregate took ends purchases; (b) the client seals purchased with a value of the conting period of the continuous period of the continuo	creenditures are made by for the lobbyist(s)/firm all of all expenses paid aggregate total of all hased during a business at is given to the person of \$25.00 or less); and f greater than \$25.00 fo han \$25, purchase of all not greater than \$50 abursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	100.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) <b>\$</b>	0,00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	100.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	0.00
f) Total of all expenses year to date	f) \$	100.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees du	ring this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the fore	going information
Muell	04/24/	
(Signature of lobbyist)	(Dat	.c <i>)</i>
Lindsay E. Nadeau (Print Name of lobbyist)		
(1 tille 14dine of 1000) (30)		

•

.

·

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

	affirmation by Lobby te and Expenses for:	<b>,</b>	and Lindsay E. Nadeau
Name of Lobbying pa	rtnership, firm, or corpo	oration: Orr & Reno, P.A	· <u>·</u>
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client): _Ar	meriHealth Caritas		
Date of Report (check	one):		
April 24, 2019 🖾	July 31, 2019 □	October 30, 2019 🗆	January 29, 2020 □
-	•		nd Expenses described above, and umber of Addendum forms being
_x Addendum A(	s).		
Addendum B(	s).		
x Addendum C(	s).		
	rm that the foregoing in f my knowledge and be		nt and each Addendum is true and
(Signature of loobyist)	M		04/24/19 (Date)
Lindsay E. Nadeau			
(Print Name of lobbyi	st)		